



# Utah Division of Archives and Records Service

## ARCHIVES VOLUNTEER & INTERNSHIP APPLICATION

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthday: mm/dd \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Hours available:** Archives hours are 9 a.m. to 4 p.m. Monday through Friday.

**Please choose the times you are available. One 4 hour shift a week is great.**

**Mon.** am \_\_\_ pm \_\_\_ **Tues.** am \_\_\_ pm \_\_\_ **Wed.** am \_\_\_ pm \_\_\_ **Thurs.** am \_\_\_ pm \_\_\_ **Fri.** am \_\_\_ pm \_\_\_

By initialing this statement you acknowledge that any work such as a presentation, paper, inventory of records, and/or processing project accomplished during your volunteer or internship association with the Utah State Archives is shared with the Archives and attributed properly. Initials of applicant: \_\_\_\_\_

What types of volunteer work are you interested in doing? What qualifications do you have which may be applicable to this position?

---

Contact in case of emergency \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mail or bring application to:

**Lauren Singer Katz**

**Utah State Archives**

**346 Rio Grande St, SLC, UT 84101**

**801-531-3836**

**lkatz@utah.gov**

**DAS Approval** \_\_\_\_\_

**Date** \_\_\_\_\_